

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003995

FILED  
Apr 06, 2012  
Secretary of State

Entity Name: RED ROBIN INTERNATIONAL, INC.

**Current Principal Place of Business:**

6312 S. FIDDLER'S GREEN CIRCLE  
STE 200 N  
GREENWOOD VILLAGE, CO 80111

**New Principal Place of Business:**

**Current Mailing Address:**

6312 S. FIDDLER'S GREEN CIRCLE  
STE 200 N  
GREENWOOD VILLAGE, CO 80111

**New Mailing Address:**

FEI Number: 91-0847486      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPAS  
Name: GRANT, JOHN W  
Address: 6312 S. FIDDLER'S GREEN CIRCLE, #200 N  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: PSD  
Name: HOUSEMAN, ERIC C  
Address: 6312 S. FIDDLER'S GREEN CIRCLE, #200 N  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: TAS  
Name: BROWN, STUART B  
Address: 6312 S. FIDDLER'S GREEN CIRCLE, #200 N  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VPS  
Name: CHRISTMAN, DOUGLAS L  
Address: 6312 S. FIDDLER'S GREEN CIRCLE, #200 N  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS L. CHRISTMAN

VPS

04/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date